



**Paid Maternity /Paternity/Adoption/Parental Leave Benefit Request Form**

In order to commence eligibility for paid Maternity /Paternity/Adoption/Parental leave, complete the form below, call the Benefit Leave Coordinator at 415-405-4361 and make an appointment at least two months prior to your departure. Please bring a copy of your available leave credits with you to your appointment. Lastly, be advised that this information will be shared with your Department, Human Resources (Disability Leaves Coordinator), and the payroll department in order to coordinate your pay and benefits during your absence from work.

\*\*Please note that San Francisco State University **does not** participate in the State Disability Insurance (SDI) program. Contact the State of California Employment Development Department (EDD) directly if your prior employer participated in the SDI program.

Type of Paid Maternity /Paternity/Adoption/Parental Leave Benefit Request			
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Revise from previous request <input type="checkbox"/> Cancel – Cancel all requests			
Date of Request:		Employee's Collective Bargaining Unit:	
Employee Name (last, first, middle)		Employee's SFSU ID:	
Work phone number:	Work Email:	Home Phone:	Home Email:
		Cell Phone:	
Employee's Department:			
Supervisor's Name:		Supervisor's phone :	
Department Attendance Clerk Name:		Dept. Attendance Clerk Phone:	
Expected last day of work (date)		Expected return to work (date)	
Expected date of new child's delivery/arrival:		Total Paid Maternity /Paternity/Adoption/Parental Leave work-days requested:	

I have read and understand the benefits and procedures for the Paid Maternity /Paternity/Adoption/Parental Leave program. I understand that the Paid Maternity /Paternity/Adoption/Parental leave benefit is subject to change according to collective bargaining unit negotiations.

I agree to notify my Department and the Human Resources Leave Coordinator of any changes to my last day at work or my expected return to work date.

I certify I am an eligible employee and wish to use my paid Maternity /Paternity/Adoption/Parental Leave benefit.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Return completed form to:** Human Resources, Safety & Risk Management ATTN: Leave Coordinator,  
San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132

Cc: Employee Supervisor \_\_\_\_\_